



Mental Health and Disability Services Redesign 2011

Iowa Mental Health Workgroup Core Services and Programs – DRAFT FOR DISCUSSION ONLY

Source: Adult Mental Health Workgroup/TAC

Created: September 6, 2011

This table describes high level domains, an array of core services necessary in a system, and the core programs with an evidence-base that can deliver the services necessary to yield positive outcomes. Due to the relevance of some services and programs in each of the domains, several apply to more than one domain.

Core Service Domain	Core Services	Core Program/Service
Crisis Prevention and Intervention	Inpatient treatment; long and short-term Evaluation and stabilization 24 hour access 24 hour hotline/warm line 24 hour mobile response Sub-acute/Crisis Respite/Residential 23 hour crisis stabilization beds Diversion services Information and Referral Linkages back to services; transition services Family Support Peer Support Advocacy	Psychiatric Emergency Screening Program with ¹ : - 24 hour hotline - Mobile Response ² - 23 hour crisis stabilization beds Crisis Residential/Respite ³ 24 hour Warm Line Inpatient Treatment: Local (short-term) ⁴ Inpatient Treatment: MHI (longer term)
Mental Health Treatment Services	Information and Referral Individual, Group and Family Counseling/Psychotherapy Medication Management Structured day treatment Assessment and Evaluation Person-centered planning	Outpatient Services - Individual - Group - Family Medication Management Partial Hospitalization

¹ PES operated within an Emergency Department to work with doctors in the civil commitment process. 24 hotline may be operated out of the ED, Regionally, or locally through CMHC or other provider. To Be Discussed.

² Mobile Screening is a mechanism to divert from hospitalization and/or to facilitate civil commitment process with PES. May be operated from an ED or local provider such as CMHC or other.

³ Crisis Residential to be operated within each Region.

⁴ Inpatient Care provided at acute care hospitals. Beds should be available in each Region.

	Risk Assessment Co-occurring Disorders treatment Tele-psychiatry Cognitive Behavioral Therapy Motivational Interviewing Psychosocial Rehabilitation Integrated Dual Disorders Treatment/Relapse Prevention Trauma-informed Care Psychological testing Substance Abuse Treatment including detoxification and medication assisted treatment Medication Intensive Psychiatric Rehabilitation	Partial Care/Day Treatment Clubhouse Tele-psychiatry Pharmacy Services/Coverage
Community Living	Information and Referral Assessment, evaluation and person-centered planning Residential support services In-home support services Housing or Rental Assistance Transportation Care coordination Consumer Empowerment Advocacy Service System Navigation Personal Care Services Homemaker Services Nursing services Transition services Skill building Assistance with benefits/entitlements Socialization/Recreation Relapse prevention Environmental modifications, adaptive devices and therapeutic resources Intensive Psychiatric Rehabilitation	Residential Services ⁵ <ul style="list-style-type: none"> - Supportive Housing - Supportive Housing with up to 24 hour support Community Support Services ⁶ <ul style="list-style-type: none"> - Case Management - Community Support Services (CSS) - Supportive Community Living (SCL) Projects for Assistance in Transition from Homelessness (PATH) Peer Delivered Services: ⁷ <ul style="list-style-type: none"> - Self-help/Drop-in Centers - Peer Navigators - Peer Wellness Coaches - Recovery Support Coaches Assertive Community Treatment
Employment	Job readiness, skill development Educational supports Transportation	Supported Employment ⁸ Supported Education

⁵ As a Core Service, Residential programs should be consistent with Supportive Housing principles – meaning housing is not contingent upon compliance with medication or other treatment. Leases should be considered. RCF are not considered a Core Service.

⁶ Community Support Services encompasses Case Management, CSS, SCL and Supportive Housing. Services can be provided by an individual worker or from a team approach.

⁷ Peer workers should be hired in all Core Programs/Services.

⁸ Sheltered Workshops are not considered a Core Service.

	Advocacy	
Recovery Supports	Peer Support Job readiness, skill development Educational supports Transportation In-home supports, including skill development Supportive Counseling Information and Referral Co-occurring disorders services Relapse prevention Advocacy Service System Navigation Wellness and Recovery Action Planning Illness Management and Recovery Assistance with benefits/entitlements Socialization/Recreation Temporary Rental Assistance	Residential Services <ul style="list-style-type: none"> - Supportive Housing - Supportive Housing with up to 24 hour support Community Support Services <ul style="list-style-type: none"> - Case Management - Community Support Services (CSS) - Supportive Community Living (SCL) Projects for Assistance in Transition from Homelessness (PATH) Peer delivered Services: <ul style="list-style-type: none"> - Self-help/Drop-in Centers - Peer Navigators - Peer Wellness Coaches - Recovery Support Coaches Supported Employment Supported Education Transportation
Family Supports	Information and Referral In-home Support Services Counseling and Therapy Advocacy Transportation	Intensive Family Support Services Family Psycho-education
Mental Health Prevention	Screening and Assessment in Primary Care Settings Education and awareness training Health education/promotion/stigma activities Care coordination Relapse prevention	Mental Health First Aid Psychological First Aid Health Homes Illness Management and Recovery
Health and Primary Care Services	Information and Referral Integrated treatment between mental health and primary health Care coordination General Prevention and Health Screenings Physical Health promotion Access to appropriate clinical services Medication Management Dental services	Health Homes ⁹ Medical Homes Psychiatric On-call Consultants for use by Primary Care Physicians ¹⁰

⁹ Health Homes: Health Home model may be applied throughout all of the Domains and Core Services, particularly for individuals who most frequently use acute care mental health and primary care services (i.e. top 5% of users).

¹⁰ Statewide or Regional program can be established to provide Primary Care Physicians access to consulting services from Psychiatrists.

	Advocacy Tele-health	
Justice Involved Services	Jail diversion at multiple intercepts Re-entry services Linkage and referral to mental health system Advocacy Care coordination Assistance with benefits/entitlements Service System Navigation	Crisis Intervention Teams (CIT) Jail Diversion Programs Re-entry Programs